Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Says Socialized Medicine Soon a Certainty

Before the emergency is over the United States will have "socialized medicine."

So predicted Dr. Russell C. McCaughan, executive director of the American Osteopathic Association, when he arrived here yesterday to prepare for a national convention next summer.

yesterday to prepare for a national convention next summer. "The bill is already written—the Epstein bill—and is almost certain to pass the House within the next few months," he said. He estimated that the measure, which requires those carning \$3000 a year or less to take out compulsory health insurance.

which would cost at least 6 per cent of salary.

All but the most expensive hospitals will come under the jurisdiction of the state's medical program, Dr. McCaughan said.

Methods of paying doctors have not been worked out but under the terms of the act, everyone will be allowed a choice of his own doctor.

Dr. McCaughan will be in Los Angeles five days, staying at the Biltmore.

He will confer with Dr. W. Ballentine Henley, president of the College of Osteopathic Physicians and Surgeons.—Los Angeles News, December 5.

New USC Medical Dean Appointed

Los Angeles, December 20 (AP).—President Rufus B. von KleinSmid of the University of Southern California announced today the appointment today of Dr. Seeley G. Mudd of Los Angeles as dean of the school of medicine.

Doctor Mudd, long prominent in medical circles here, succeeds the late Dr. Paul S. McKibben, who died November 11.

Governor Olson Names Members of "Youth Correction Authority"

California took initial steps yesterday to put into operation her new youth correction authority law designed to provide a more progressive treatment of youthful delinquents. Governor Olson named O. H. Close, Waterman, Amador

Governor Olson named O. H. Close, Waterman, Amador County; Karl W. Holton, chief probation officer of Los Angeles County, and Harold Slane, deputy City Attorney of Los Angeles, as the three members of the California Youth Correction Authority. . . . —San Francisco Chroniele, December 13.

State Safety Council Names New Directors

Los Angeles, November 26 (CNS).—Twelve new directors were in office today for the next year, as the California Safety Council began its eighth year of activities

Council began its eighth year of activities.

Named for 1942 were, Dr. Samuel B. Norris, dean of the Stanford University School of Engineering; Lester G. Bradley, San Diego publisher; Dr. John C. Irwin, Los Angeles; Superior Judge William R. McKay, Los Angeles.

James Rolph III, San Francisco insurance broker; Dr. Elliott A. Rouff, San Jose; John E. Carroll, Los Angeles Truck Company official; Dr. Charles A. Dukes, Oakland, past president of the California Medical Association...—Long Beach Sun, November 27.

Rodent Plague

A warning that the United States may have a plague epidemic to combat is issued by the American Medical Association through an editorial in its journal. While typhus is being held in check only with the greatest difficulty in Europe and may have reached epidemic proportions in Poland and the Balkans, the AMA pronouncement declares that "no doubt plague, as far as this country is concerned, is a problem of greater potentiality."

Plague is present on the Pacific Coast, not as human cases, but in fleas of rats, ground squirrels, and marmots. From these sources it is feared that the dreaded disease can spread to cause an epidemic in human beings when conditions become suitable. Long-continued and careful plague control, involving rat-proofing of buildings, trapping, poisoning and examinations of dead rodents, must be practiced in any area in which plague has appeared.

The consequences may be tragic, the AMA warns, if there is not a careful integration of the plague control activities of cities, counties, states and the federal government, with the use of trained personnel and the appropriation of adequate funds. The four horsemen of the apocalypse—war, hunger, disease and death—travel with the increased speed of mechanized transportation, it is pointed out. Sudden and widespread outbreaks of disease arising from hidden infections are more likely than

ever. The insulation of this country from the disease consequences of war will prove a colossal task and will require the most careful planning and effort.—Lodi *Times*, December 3,

Free Medical Care

For some years the National Medical Association of New Zealand has been waging a pitched battle with the Government on the socialization of medicine. Undeterred by a threatened "strike" of doctors, the Health Minister has now sponsored a bill which has no counterpart in any democratic country and which provides for free medicinal care. When fees are to be paid, they are fixed. Even if a sick New Zealander wants his own physician he must pay him the low official allowance, with the result that the private practice of medicine is to be virtually abolished. In principle any government may decide how its medically indigent shall be cared for. It is worth noting that under the dictatorial Bismarck, Germany took the first step toward dealing realistically with the wider distribution of medical care. But private practice was not abolished. Nor did we abolish private schools, colleges and universities, or try to manage them through government officials when we embarked on free education.

Though the bill may be modified as the result of the doctors' storm of protest, New Zealand's example should be taken to heart. No sensible person wants to abolish the private practice of medicine in this country, nor is it likely that it will be abolished. But if we are not to go at least part way down the road that New Zealand is evidently bent on following, we shall need to have a practical alternative. Organized medicine itself can, and should, provide that alternative by advocating a policy which will recognize the necessity of a sweeping change in the pattern of medical practice, make the hospital the center of every community's medical activities, bring the best that medicine has to offer to the needy, and permit the public to organize its own medical services under competent supervision.—New York Times. (Item in Editorial Column of San Francisco Chronicle, December 4, 1941.)

The Brighter Side*

One of our readers wants to know why we spoke of Sneaky the Flu Germ in the masculine gender, stating that it is a scientific fact that there are both male and female germs. The reader asks if Sneaky could not be a female? The answer is no. Sneaky is definitely of the sterner sex. We have known him for years and could not possibly be mistaken. He wears a black moustache and smokes cigars.

What is more, Sneaky has a wife. We know her, too, so the reader's statement about the germs running in different sexes is no news to us. Mrs. Sneaky is a small Flu Germ of rather timid disposition and, we think, of good heart. When she lights on you it is never in the fiendish manner of her husband. Her attacks are so gentle that folks mention them as "a touch of flu." Sometimes she does not knock you off your pins. When Sneaky lands you think you have been hit by a blackjack.

We believe if Mrs. Sneaky had her way about it she would never bother anybody but would stay at home minding the children and attending to the housework. However, old Sneaky probably grouches around saying she never does anything to help him, a charge that will be familiar to wives who are not even germs, so she finally goes out and lays her "touch" here and there in self-defense against his grumbling.

Some pessimists claim our theory is altogether too altruistic. They say we give Mrs. Sneaky a character that she does not deserve, asserting that there is sinister method in the very lightness of her "touch." It permits the patients to walk around the streets and infest movie houses and streetcars and other place where human beings may be found in groups and spreads her gentle contamination among them in the form of sniffles and small coughs. . . .

We wonder how many of our readers are acquainted with Sneaky's nephew, Bronch Itis, who generally remains on the scene after Sneaky has departed. Bronch Itis is a nasty little guy who delights in keeping you awake by tickling your throat with a feather duster and making you go buh-roop, buh-roop, buh-roop. You let Bronch Itis get in a berth with you in a crowded Pullman and we guarantee that he will not only cause you one of the most uncomfortable nights you have ever known but will win you more enemies than would a speech in favor of Hitler.

If that inquiring reader wants to know why we are so positive about Bronch Itis' sex, we can say that it is because we are dead certain no female could be as ornery as Bronch, even a germ.—San Francisco Examiner, December 4.

^{*}By Damon Runyon. (Copyright, 1941, King Features Synd., Inc.) Distributed by International News Service.